

# Registration Form

June 9-10, 2006  
The Colonnade Boston | Boston, MA

2006 Advanced Actuarial Conference

Please register only one person per form. Type or clearly print information. Do not use a PO Box if you are ordering an additional booklet.

1. Name: \_\_\_\_\_  
 Badge Nickname: \_\_\_\_\_  
 Title: \_\_\_\_\_ Designation(s): \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street Address/PO Box \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Note: Information listed above for nickname, company, city and state will appear on your conference badge exactly as stated.

2. Has your address changed recently? If the address above is different from the mailing label, does this signify a change of address?  Yes  No  Home  Business

3. Do you require special arrangements due to a disability?  Yes  No  
 Please indicate: \_\_\_\_\_

4. Please indicate dietary requirements:  Kosher  Vegetarian  Other \_\_\_\_\_

5. Please indicate which concurrent workshops/roundtables you plan to attend (*for planning purposes only*)

**Friday, June 9**

1:15 p.m. – 2:30 p.m.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2:45 p.m. – 4:00 p.m.	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4:10 p.m. – 5:00 p.m.	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**Saturday, June 10**

8:30 a.m. – 9:20 a.m.	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
9:30 a.m. – 10:45 a.m.	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
11:00 a.m. – 11:50 a.m.	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18
1:00 p.m. – 1:50 p.m.	<input type="checkbox"/> 19	<input type="checkbox"/> 20	

6. Payment

Early Registration (by May 17)* .....	\$575
Additional Participant Registration (by May 17)** .....	\$500
Regular Registration (May 18 - May 29).....	\$675
Government Registration (by May 29).....	\$105
(IRS, Treasury, DOL, PBGC)	
On-site Registration (after May 29).....	\$775

**Note: If you register for this Conference AND the Northeast Area Benefits Conference, take \$50 off your registraion fee.**

Registration Fee: \$ \_\_\_\_\_

Please send me \_\_\_ additional binders @ \$75 each \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

Please charge my:  MasterCard  Visa  American Express  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Enclosed is a check or money order made payable to ASPPA.

\* To qualify for the early registration fee, registration and payment must be received in the ASPPA office by **May 17, 2006**. The fee is calculated based on the receipt date of the registration form, not the postmark. Registrations will be accepted by the ASPPA office through **May 29, 2006** at the regular registration fee. Any registrations received after this date will be charged the on-site registration fee.

\*\* To qualify for the additional participant rate, additional participants must be from the same company and *all registration forms must be submitted together* with payment by the early registration deadline of **May 17, 2006**.